PATENT APPLICATION FEE DETERMINATION RECORD									ORD	İ	Application or Docket Number				
			fective Dec					_		1	0)5	ડઢઢ	598		
		CLAIMS A	AS FILED -			(Column 2)			SMALL ENT TYPE	ΙΥ	TTY OR			OTHER THAN SMALL ENTITY	
U.S	S. NATIONAL !	STAGE FEES		in i,	, , , , , , , , , , , , , , , , , , ,	Column 4,	$\neg$		RATE	F	EE	1	RATE	FEE	
	SIC FEE		SMALL ENT	T. = \$ 150	LAR	GE ENT. = \$ 3	300	-	BASIC FEE	H	-	OR	BASIC FEE	<del>                                     </del>	
EXA	AMINATION FE	 !E	Satisfies PCT A		- All ot	ther situations	5 2	H	EXAM. FEE	H		1	EXAM, FEE	390	
	ARCH FEE		(4) = \$50 U.S. is ISA = : ALL other co \$ 200 / \$	\$ 50 / \$ 100 ountries =	All ot	\$ 100 / \$ 200 other situations \$ 250 / \$ 500	s -	ł	SEARCH FEE				SEARCH FEE	400	
FEE	FOR EXTRA S	SPEC. PGS.		nus 100 =		/ 50 <del>=</del>	7	1	X \$ 125 =			1	X \$ 250 =	100	
тот	TAL CHARGEAE	BLE CLAIMS	38 mi	ninus 20 =	• ,	18		Ì	X \$ 25 =	$\vdash$		OR	X \$ 50 =	908	
INDI	EPENDENT CL	AIMS		minus 3 =	$\overline{}$		$\exists$	I	X \$ 100 =		-1	OR	X \$ 200 =	100	
MUL	TIPLE DEPEN	IDENT CLAIM PRE				<u>[i</u>	計	1	+ \$ 180 =			OR	+ \$ 360 = '	360	
• If	the difference	e in column 1 is I	less than zer	o, enter "(	0" in cr	" in column 2			TOTAL			OR	TOTAL	200	
	Т	(Column 1)	AMENDED	(Colum	mn 2) IEST	(Column		SMALL ENTITY				OR			
ENTA	12/6/00	REMAINING AFTER AMENDMENT		PREVIO PAID	BER OUSLY FOR	PRESEN EXTRA		1	RATE	TIO	DDI- EE		RATE	ADDI- TIONAL FEE	
AMENDMENT A	Total	• 35	Minus	" 38	<u> </u>	= 1		L	X \$ 25 =			OR	X \$ 50 =	7.	
AME	Independent	• 3	Minus	0	<u>3</u>	=		L	X \$ 100 =			OR	X \$ 200 =	/	
	FIRST PRES	SENTATION OF M	IULTIPLE DEP	'ENDENT (	CLAIM			L	+ \$ 180 =			OR	+ \$ 360 =		
		,		,				٦	TOTAL ADDIT. FEE	l		OR	TOTAL ADDIT. FEE		
_		(Column 1)		(Colun	mn 2)	(Column	• 31								
MT 8		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	EST BER DUSLY	PRESEN EXTRA	NT		RATE	TIO	DDI- NAL EE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	•	Minus	**		=			X \$ 25 =			OR	X \$ 50 =		
AME	Independent	•	Minus	•••		=		I	X \$ 100 =			OR	X \$ 200 =	<u> </u>	
	FIRST PRESI	ENTATION OF MI	ULTIPLE DEP	ENDENT C	MIAJC			I	+ \$ 180 =			OR	+\$ 360 =		
				A		•		T	FEE			OR	TOTAL ADDIT. FEE		
***	If the "Highest Nur If the "Highest Nur	mn 1 is less than the imber Previously Paid imber Previously Paid inber Previously Paid	d For in this si d for in this si	PACE is less	s then '20 s than '3',	0', enter "20". ', enter "3".		he	appropriate box	in coli	umn 1.				